Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 170 OF 184
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼
Flatilied Faterilliood votes				C C00489799
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	N M M / D D / Y Y Y Y
Full Name of Payee Lincoln Loop * Memo			Item [Date of Public Distribution/Dissemination
Mailing Address 4845 Pearl East Cir				
Ste 118			'	Amount
City	State	Zip Code		35.86
Boulder	со	80301-6112		Transaction ID: VV0P99HACB2 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Production		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 16
DiNicola, Ronald, A, ,		Oppose		resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	35.86	Disburs 2018	ement For:
Full Name of Payee Lincoln Loop * Memo			Item [Date of Public Distribution/Dissemination
Mailing Address 4845 Pearl East Cir				10 08 2018
Ste 118				Amount
City	State	Zip Code		35.86
Boulder	со	80301-6112		Transaction ID : VV0P99HACC0 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Production		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District:
O'Rourke, Robert, 'Beto', ,			P	resident State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	35.86	Disburs 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Hubbard, Tshombe, , ,	Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y